MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

COMPANION GUIDE FOR THE HIPAA 276/277 HEALTH CARE CLAIM STATUS REQUEST & RESPONSE ADDENDA, VERSION 4010A1

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Michigan Department of Community Health

MDCH

MSA MEDICAL SERVICES ADMINISTRATION

This document is intended as a companion to the **National Electronic Data Interchange Transaction Set Implementation Guide, Health Care Claim Status Request and Response Addenda, ASC X12N 276/277 (004010X093A1)**, dated October 2002, and the **National Electronic Data Interchange Transaction Set Implementation Guide, Health Care Claim Status Request and Response, ASC X12N 276/277 (004010X093)**, dated May 2000. This document should be used in conjunction with the *MDCH Electronic Submission Manual* and applicable Michigan Medical Assistance Provider Manuals. It contains data clarifications authorized by the Department of Health and Human Services on September 17, 2001. The clarifications include:

- identifiers to use when a national standard has not been adopted [and]
- parameters in the implementation guide that provide options

(The implementation guide can be found at http://www.wpc-edi.com/hipaa/hipaa_40.asp. HHS guidance on data clarifications can be found at http://aspe.os.dhhs.gov/admnsimp/q0321.htm.)

NOTE: ***Page references*** from the Implementation Guides refer to the **National Electronic Data Interchange Transaction Set Implementation Guide, Health Care Claim Status Request and Response, ASC X12N 276/277 (004010X093** ("Version 4010"), unless otherwise noted (with an asterisk(*)) as referring to the Addenda Implementation Guides ("Version 4010A1"), **National Electronic Data Interchange Transaction Set Implementation Guide, Health Care Claim Status Request and Response Addenda, ASC X12N 276/277 (004010X093A1)**.

July 28, 2003, revisions to this document include a new title, minor editorial changes, and Addenda page numbers for affected data elements.

Transaction Details

- A 276 Claim Status Inquiry transaction is supported for the following claim types:
  - Professional
  - Institutional (all types)
  - Hearing and Vision
  - Dental

- The following data elements are USED by MDCH as search criteria:
  - Provider ID (MDCH assigned type code and provider ID for the billing provider)
  - Subscriber (Recipient) ID
  - Payer's Claim Number (Claim Reference Number – CRN)
  - Date of Service

  Note: The CRN is optional and, when not included in the request, the submitted date of service or dates of service range will be used in combination with the Provider ID and Subscriber ID to locate the claim(s).

- A claim level status or service (line) level status can be submitted. If no errors are encountered when processing a 276 Claim Status Request and the claim(s) is (are) found, MDCH will return a 277 Claim Status Response transaction containing all service (line) levels for the claim(s) requested.

- MDCH can accommodate a 276 Claim Status Request transaction that contains a date range of no more than 31 days. When a Claim Status Request is submitted with a date range greater than 31 days, the 277 Claim Status Response will only reflect claims that are within the first 31 days of the beginning service date range submitted.

- 276 Health Care Claim Status Request transactions are processed in a weekly batch procedure. 276 Health Care Claim Status Request transactions accepted for processing between Wednesday and Tuesday will result in the production of the corresponding 277 Health Care Claim Status Response transactions the following Tuesday evening.

- MDCH will return a 997 Acknowledgement when a 276 Claim Status Request transaction is accepted or when syntactical errors are encountered. When a 276 Claim Status Request is accepted for processing but information within the request prevents the proper identification of claim(s), one of the following sets of codes will be reported in the STC segment of Loop 2200D of the 277 Claim Status Response transaction:

STC01-1 Claim Category Code	STC01-2 Claim Status Code	STC01-3 Entity ID Code	Explanation and Recommended Action
D0	21	85	Billing Provider ID is an invalid format. Either it is not in the correct order (two position provider type followed by the 7-position MDCH provider identification number) or transposition of a number has occurred. Review the Billing Provider ID, make appropriate corrections, and resubmit your request.
D0	21	IL	Recipient ID is an invalid format. Review the recipient ID submitted, make appropriate corrections, and resubmit your request.
E0	116		Provider type on the claim is “50” (Pharmacy) or “17” (HMO). MDCH does not provide 276/277 claim status for these claims at this time.
E0	35		Claim not found. Please review and validate the Claim Reference Number, provider identification number, and recipient identification number, make appropriate corrections, and resubmit your request.
E0	187		Claim not found. No Claim Reference Number was submitted and the date(s) of service cannot be located for the submitted billing provider identification number and recipient identification number.
E1	0		MDCH is unable to process your Claim Status Request due to a system failure. Please resubmit your 276 Claim Status Request for processing.

Interchange Control Header

Page	Loop	Segment	Data Element	Comments
B.4	Interchange	ISA – Interchange Control Header	ISA05 – Interchange ID Qualifier	Report "ZZ".
B.4	Interchange	ISA – Interchange Control Header	ISA06 – Interchange Sender ID	276 transaction – Use the 4-character MDCH Billing Agent ID assigned to the Interchange submitter. 277 transaction – MDCH will use "D00111".
B.5	Interchange	ISA – Interchange Control Header	ISA07 – Interchange ID Qualifier	Report "ZZ".
B.5	Interchange	ISA – Interchange Control Header	ISA08 – Interchange Receiver ID	276 transaction – Use "D00111" for MDCH. 277 transaction – MDCH will use the 4-character MDCH Billing Agent ID assigned to the Interchange submitter.

Functional Group Header

Page*	Loop	Segment	Data Element	Comments
B.8	Functional Group	GS - Functional Group Header	GS02 – Application Sender's Code	276 transaction – Use the 4-character MDCH Billing Agent ID assigned to the Functional Group sender. 277 transaction – MDCH will use "D00111".
B.8	Functional Group	GS - Functional Group Header	GS03 – Application Receiver's Code	276 transaction – Use "D00111" for MDCH. 277 transaction – MDCH will use the 4-character MDCH Billing Agent ID assigned to the Functional Group Receiver.
39*	Functional Group	GS-Functional Group Header	GS08 – Version / Release / Industry Identifier Code	Use "004010X093A1".

*Page numbers with asterisks refer to the Addenda (version 4010A1); other page numbers refer to the original implementation guide (version 4010).

276 Transaction Set Segment and Data Elements

Page*	Loop	Segment	Data Element	Comments
55	2100A – Information Source Level	NM1 – Payer Name	NM103 – Payer Name	Use “Department of Community Health”.
55	2100A – Information Source Level	NM1 – Payer Name	NM108 – Identification Code Qualifier	Report “PI” (Payer ID).
56	2100A – Information Source	NM1 – Payer Name	NM109 – Payer Identifier	Use “D00111” for MDCH.
68	2100C – Service Provider Level	NM1 – Provider Name	NM103 – Last Name or organization name	Report the last name of the billing provider or the billing organization name used on the original submitted claim.
68	2100C – Service Provider Level	NM1 – Provider Name	NM108 – Billing entity Identification Code Qualifier	Use “SV” (Service Provider Number).
69	2100C – Service Provider Level	NM1 – Provider Name	NM109 – Billing Entity Identification Code	Use the 9-digit provider identifier assigned by MDCH (2-digit provider type followed by the 7-digit provider identification number).
74	2100D – Subscriber Level	NM1 – Subscriber Name	NM101 – Entity Identifier Code	Use “QC” (Subscriber = Patient).
75	2100D – Subscriber Level	NM1 – Subscriber Name	NM108 – Subscriber ID Code Qualifier	Use “MI” (Member ID = Recipient ID).
76	2100D – Subscriber Level	NM1 – Subscriber Name	NM109 – Subscriber Identifier	Report the MDCH recipient 8-digit identification number.
27*	2200D – Claim Submitted Charges	AMT – Monetary Amount	AMT02 – Total Claim Charge Amount	Submit the total amount charged as noted on page 84 of the Implementation Guide.
89	2210D – Service Line Information	SVC – Service Information	SVC01-1 – Product or Service ID Qualifier	Use “AD” (American Dental Association Codes), “HC” (HCPCS or CPT), “ID” (ICD-9-CM Procedure), or “NU” (NUBC Revenue Code).

*Page numbers with asterisks refer to the Addenda (version 4010A1); other page numbers refer to the original implementation guide (version 4010).

277 Transaction Set Segment and Data Elements

Page	Loop	Segment	Data Element	Comments
131	2100A – Information Source Level	NM1 – Payer Name	NM103 – Payer Name	"Department of Community Health".
131	2100A – Information Source Level	NM1 – Payer Name	NM108 – Identification Code Qualifier	"PI" (Payer ID).
132	2100A – Information Source	NM1 – Payer Name	NM109 – Payer Identifier	"D00111".
144	2100C – Service Provider Level	NM1 – Provider Name	NM103 – Last Name or organization name	Reflects the last name of the billing provider or the billing organization name submitted on the 276 Claim Status Request.
144	2100C – Service Provider Level	NM1 – Provider Name	NM108 – Billing entity Identification Code Qualifier	"SV" (Service Provider Number).
145	2100C – Service Provider Level	NM1 – Provider Name	NM109 – Billing Entity Identification Code	Reflects the 9-digit MDCH provider identifier (2-digit provider type followed by the 7-digit provider identification number) submitted on the 276 Claim Status Request.
150	2100D – Subscriber Level	NM1 – Subscriber Name	NM101 – Entity Identifier Code	"QC" (Subscriber = Patient).
151	2100D – Subscriber Level	NM1 – Subscriber Name	NM108 – Subscriber ID Code Qualifier	"MI" (Member ID = Recipient ID).
152	2100D – Subscriber Level	NM1 – Subscriber Name	NM109 – Subscriber Identifier	Reflects the MDCH 8-digit recipient identification number submitted on the 276 Claim Status Request.
163	2200D – Claim Level Status Information	STC – Status Information	STC07 – Payment Method Code	"ACH" or "CHK".
174	2220D – Service Line Information	SVC – Service Information	SVC01-1 – Product or Service ID Qualifier	"AD" (American Dental Association Codes), "HC" (HCPCS or CPT), "ID" (ICD-9-CM Procedure), or "NU" (NUBC Revenue Code).